

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003

DOCUMENT # P9800004152

1. Entity Name

ROBERT TIEMAN ADVERTISING,
INC



FILED

04 MAY 13 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1624 N.E. 25 ST

3. Mailing Address

1624 N.E. 25 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0831634

Applied For

Not Applicable

Zip

33305

Country

BROWARD

Zip

33305

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TIEMAN ROBERT L.

Street Address (P.O. Box Number is Not Acceptable)

1624 N.E. 25 ST.

City

FT. LAUDERDALE

FL

Zip Code

33305

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert L Tieman

4/8/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TIEMAN, ROBERT L
STREET ADDRESS 1624 N.E. 25 ST
CITY-ST-ZIP FT. LAUDERDALE, FL 33305

TITLE
NAME
STREET ADDRESS 500034389545
CITY-ST-ZIP 04/28/04--01026--005 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L Tieman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

Date

954/564-5452

Daytime Phone #

CR2E034B (12/02)